

KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926
CDS@CO.KITTITAS.WA.US
Office (509) 962-7506
Fax (509) 962-7682

"Building Partnerships - Building Communities"

SHORT PLAT APPLICATION

(To divide a lot(s) into no more than 4 lots in rural areas or to divide a lot(s) into no more than 9 lots within Urban Growth Areas, according to KCC 16.08.186 and KCC 16.32)

Please type or print clearly in ink. Attach additional sheets as necessary. Pursuant to KCC 15A.03.040, a complete application is determined within 28 days of receipt of the application submittal packet and fee. The following items must be attached to the application packet.

REQUIRED ATTACHMENTS

- □ Five large copies of short plat with all preliminary drawing requirements complete (reference KCC Title 16 Subdivision Code for plat drawing requirements) and one small 8.5"x11"copy.
- Project Narrative responding to Questions 9-11 on the following pages.

OPTIONAL ATTACHMENTS

(Optional at submittal, required at the time of final submittal)

- □ Certificate of Title (Title Report)
- Computer lot closures

***Final short plat application and associated fees will be required at time of request for final short plat processing. Please see the final short plat application for current fees.

APPLICATION FEES:

\$3,620,00	Total fees due for this application (One check made payable to KCCDS)
\$970.00	Kittitas County Public Health
\$130.00	Kittitas County Fire Marshal
\$420.00	Kittitas County Department of Public Works
\$2,100.00	Kittitas County Community Development Services (KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature):

DATE: RECEIPT # CD/8-07889

NOV 2 8 2018

Kittitas County CD S

DATE STAMP IN BOX

GENERAL APPLICATION INFORMATION

1.	Name, mailing address : Landowner(s) signature(s					
	Name:	Teanaway Ridge LLC Pat Deneen				
	Mailing Address:	PO Box 808				
	City/State/ZIP:	Cle Elum WA 98922				
	Day Time Phone:	509-260-0462				
	Email Address:	pat@patrickdeneen.com	<u>=</u>			
2.	Name, mailing address and day phone of authorized agent, if different from landowner of record: If an authorized agent is indicated, then the authorized agent's signature is required for application submittal.					
	Agent Name:	Terra Design Group				
	Mailing Address:	PO Box 686				
	City/State/ZIP:	Cle Elum WA 98922				
	Day Time Phone:	509-607-0617				
	Email Address:	bala.ce@gmail.com	>			
3.	Name, mailing address a If different than land own	and day phone of other contact person er or authorized agent.				
	Name:)			
	Mailing Address:					
	City/State/ZIP:					
	Day Time Phone:					
	Email Address:					
4.	Street address of proper	ty:				
	Address:	2516 W. Dry Creek Road				
	City/State/ZIP:	Ellensburg WA 98926				
5.	Legal description of prop See attachment	perty (attach additional sheets as necessary):				
6.	Tax parcel number(s):	P# 621033 & 12586				
7.	Property size:	total acres= 246.52	(acres)			
8.	Land Use Information:					
	Zoning: A-5	Comp Plan Land Use Designation:	Rural Residential			

PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

9. Narrative project description (include as attachment): Please include at minimum the following information in your description: describe project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.

Two-lot short plat
See Exhibit #1 for Narrative project description.

- 10. Are Forest Service roads/easements involved with accessing your development? If yes, explain. NO
- 11. What County maintained road(s) will the development be accessing from?

 Dry Creek Road and Faust Road

AUTHORIZATION

12. Application is hereby made for permit(s) to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the agencies to which this application is made, the right to enter the above-described location to inspect the proposed and or completed work.

All correspondence and notices will be transmitted to the Land Owner of Record and copies sent to the authorized agent or contact person, as applicable.

Signature of Authorized Agent: (REQUIRED if indicated on application)	Date:		
x Chillade	11-12-18		
Signature of Land Owner of Record (Required for application submittal):	Date:		
x	11-12-18		



K. ITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

Receipt Number: CD18-02889

411 N. Ruby St., Suite 2 Ellensburg, WA 98926 509-962-7506 / https://www.co.kittitas.wa.us/cds/ /

Payer/Payee: TEANAWAY RIDGE LLC

PO BOX 808

CLE ELUM WA 98922-0808

Cashier: KATHY BOOTS

Payment Type: CHECK (1279)

Date: 11/28/2018

SP-18-00007	Short Plat: Subdivision into 4 lots or less	2516 W DRY (CREEK RD ELL	ENSBURG	思神特/BES
Fee Desc	ription		Fee Amount	Amount Paid	Fee Balance
Short Plat	(Health)		\$970.00	\$970.00	\$0.00
Short Plat	(Fire)		\$130.00	\$130.00	\$0.00
Short Plat	(Public Works)		\$420.00	\$420.00	\$0.00
Short Plat			\$2,100.00	\$2,100.00	\$0.00
	SP-18-000	007 TOTALS:	\$3,620.00	\$3,620.00	\$0.00
	то	TAL PAID:		\$3,620.00	